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OLF3 (Official Local Form 3)

United States Bankruptcy Court District of Massachusetts, Boston Division

In r			Case No. <u>1:21-b</u>	k-11839	
Dur	nn, Colleen M. Debtor(s)	(Chapter <u>13</u>		_
	СН	APTER 13 PLAN			
[] O [X] _	k one. This plan is: Original 1st Amended (Identify First, Second, Third, etc.) ostconfirmation (Date Order Confirming Plan Was Entered:)			
Date	this plan was filed: March 2, 2022				
PAR	RT 1:	NOTICES			
You s Plan, the U	LL INTERESTED PARTIES: should review carefully the provisions of this Plan as your rigits provisions may be binding upon you. The provisions of t United States Code (the "Bankruptcy Code"), the Federal Rul ruptcy Rules ("MLBR"), and, in particular, the Chapter 13 rul	his Plan are governed by statutes and es of Bankruptcy Procedure ("Fed. R. l	rules of procedur Bankr. P."), the M	e, including Title 11 of assachusetts Local	
Your attorn provis after modif the Cl objec	REDITORS: rights may be affected by this Plan. Your claim may be reduney. If you do not have an attorney, you may wish to consulsion of this Plan, you or your attorney must file with the Cothe date on which the first Meeting of Creditors pursuant tified Plan, unless the Court orders otherwise. A copy of your chapter 13 Trustee (the "Trustee"). The Bankruptcy Court motion to confirmation. You have received or will receive a Notin deadlines, including the bar date for filing a Proof of Claim	t with one. If you oppose this Plan's t urt an objection to confirmation on or o 11 U.S.C. § 341 is held or (ii) thirty (i objection must be served on the Deb ay confirm this Plan if no objection to tice of Chapter 13 Bankruptcy Case fr	reatment of your r before the later (30) days after serv (tor(s), the attorned confirmation is fill from the Bankrupto	claim or any other of (i) thirty (30) days vice of an amended or ey for the Debtor(s), and led or if it overrules an ey Court which sets forth	
You (o Bankr after or no do no	EBTOR(S): (or your attorney) are required to serve a copy of this Plan of r. P., and MLBR. Unless the Court orders otherwise, you must the date of the filing of this Plan or (ii) thirty (30) days after of this Plan includes one or more of the following provisions of the check a box, any of the following provisions will be void the tin denial of confirmation of this Plan. FOR EACH LINE BELOW, DO NOT CHECK.	st commence making payments not la the order for relief. You must check s. If you check the provision"Not Incluif if set forth later in this Plan. Failure to	Iter than the earlie a box on each line uded," if you chec o properly comple	er of (i) thirty (30) days e below to state whethe k both boxes, or if you	٢
1.1	A limit on the amount of a secured claim, set out in Part payment or no payment at all to the secured creditor	3.B.1, which may result in a partial	[] Included	[X] Not included	
1.2	Avoidance of a judicial lien or nonpossessory, nonpurcha in Section 3.B.3	se-money security interest, set out	[] Included	[X] Not included	

PART 2:

PLAN LENGTH AND PAYMENTS

A. <u>LENGTH OF PLAN:</u>

[] 36 Months. 11 U.S.C. § 1325(b)(4)(A)(i);

Nonstandard provisions, set out in Part 8

[X] Not included

[] Included

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[X] 60 Months. 11 U.S.C. § 1325(b)(4)(A)(ii);

[] Months pursuant to 11 U.S.C. § 1322(d)(2). The Debtor(s) states the following cause:

B. PROPOSED MONTHLY PAYMENTS:

Monthly Payment Amount	Number of Months	
13,609.00	2	
13,534.00	58	

C. ADDITIONAL PAYMENT(S):

[X] None. If "None" is checked, the rest of Part 2.C need not be completed and may be deleted from this Plan.

Total amount of Payments to the Trustee [B+C]:

\$812,190.00

This amount must be sufficient to pay the total cost of this Plan in Exhibit 1, Line (h).

PART 3: SECURED CLAIMS

[] None. If "None" is checked, the rest of Part 3 need not be completed and may be deleted from this Plan.

A. CURE OF DEFAULT AND MAINTENANCE OF PAYMENTS:

Check one.

[] None. If "None" is checked, the rest of Part 3.A need not be completed and may be deleted from this Plan.

[X] Any Secured Claim(s) in default shall be cured and payments maintained as set forth in 1 and/or 2 below. Complete 1 and/or 2.

(1) PREPETITION ARREARS TO BE PAID THROUGH THIS PLAN:

Prepetition arrearage amounts are to be paid through this Plan and disbursed by the Trustee. Unless the Court orders otherwise, the amount(s) of prepetition arrears listed in an allowed Proof of Claim controls over any contrary amount(s) listed below. Unless the Court orders otherwise, if relief from the automatic stay is granted as to any collateral listed in this paragraph, all payments paid through this Plan as to that collateral will cease upon entry of the order granting relief from stay.

(a) Secured Claims (Principal Residence)

Address of the Principal Residence: **2 Stephen Hopkins Rd, Harwich, MA 02645-1251**The Debtor(s) estimates that the fair market value of the Principal Residence is: **\$ 1,400,000.00**

Rushmore Loan Management Services	mortgage	730,389.86
	(e.g., mortgage, lien)	
Name of Creditor	Type of Claim	Amount of Arrears

Total of prepetition arrears on Secured Claim(s) (Principal Residence): \$ 730,398.86

(b) <u>Secured Claims (Other)</u>

Name of Creditor	31	Description of Collateral (or address of real property)	Amount of Arrears
		(or address or real property)	
JP Morgan Chase Bank	mortgage	29 Nevin Rd Weymouth,	557.72
or morgan onace bank	o. tgago		

Total of prepetition arrears on Secured Claims (Other): \$ 557.72

Total of prepetition arrears to be paid through this Plan [(a) + (b)]: \$730,947.58

(2) MAINTENANCE OF CONTRACTUAL INSTALLMENT PAYMENTS (TO BE PAID DIRECTLY TO CREDITORS):

Contractual installment payments are to be paid directly by the Debtor(s) to the creditor(s). The Debtor(s) will maintain the contractual

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installment payments as they arise postpetition on the secured claim(s) listed below with any changes required by the applicable contract and noticed in conformity with any applicable rules.

Name of Creditor	Type of Claim	Description of Collateral
Rushmore Loan Management Services	mortgage	2 Stephen Hopkins Rd, Harwich, MA 02645
Chase Mortgage	mortgage	29 Nevin Rd, Weymouth, MA 02190-1610

B. MODIFICATION OF SECURED CLAIMS:

Check one.

[X] None. If "None" is checked, the rest of Part 3.B need not be completed and may be deleted from this Plan.

C. SURRENDER OF COLLATERAL:

Check one.

[X] None. If "None" is checked, the rest of Part 3.C need not be completed and may be deleted from this Plan.

PART 4: PRIORITY CLAIMS

Check one.

[] None. If "None" is checked, the rest of Part 4 need not be completed and may be deleted from this Plan.

[X] The following priority claim(s) will be paid in full without postpetition interest. Unless the Court orders otherwise, the amount of the priority portion of a filed and allowed Proof of Claim controls over any contrary amount listed below.

A. DOMESTIC SUPPORT OBLIGATIONS:

Name of Creditor	Description of Claim	Amount of Claim
None		

B. OTHER PRIORITY CLAIMS (Except Administrative Expenses):

Name of Creditor	Description of Claim	Amount of Claim
None		

Total of Priority Claims (except Administrative Expenses) to be paid through this Plan: \$0.00

C. ADMINISTRATIVE EXPENSES:

1. ATTORNEY'S FEES:

Name of Attorney	Attorney's Fees

If the attorney's fees exceed the amount set forth in MLBR, Appendix 1, Rule 13-7, the Trustee may not pay any amount exceeding that sum until such time as the Court approves a fee application. If no fee application is approved, any plan payments allocated to attorney's fees in excess of MLBR, Appendix 1, Rule 13-7 will be disbursed to other creditors up to a 100% dividend.

2. OTHER (Describe):

None

Total Administrative Expenses (excluding the Trustee's Commission) to be paid through this Plan [1 + 2]: \$ 0.00

3. TRUSTEE'S COMMISSION:

The Debtor shall pay the Trustee's commission as calculated in Exhibit 1.

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The Chapter 13 Trustee's fee is determined by the United States Attorney General. The calculation of the Plan payment set forth in Exhibit 1, Line (h) utilizes a 10% Trustee's commission. In the event the Trustee's commission is less than 10%, the additional funds collected by the Trustee, after payment of any allowed secured and priority claim(s), and administrative expense(s) as provided for in this Plan, shall be disbursed to nonpriority unsecured creditors up to 100% of the allowed claims.

PART 5: NONPRIORITY UNSECURED CLAIMS				
Part 5 need not be completed and	may be deleted from t	this Plan.		
nim(s) other than those set forth in	n Part 5.F will be paid a	s stated below. Only	a creditor holding an	
 [] Fixed Amount ("Pot Plan"): each creditor with an allowed claim shall receive a pro rata share of \$, which the Debtor(s estimates will provide a dividend of%. [X] Fixed Percentage: each creditor with an allowed claim shall receive no less than <u>100</u>% of its allowed claim. 				
			\$ <u>0.00</u>	
CLAIMS AFTER MODIFICATION IN	PART 3.B OR 3.C:			
Description of C	laim	Amoun	t of Claim	
D CLAIMS (e.g., student loans):				
Description of C	Description of Claim		t of Claim	
ON OF EXECUTORY CONTRACTS OR	LEASES:			
Description of C	Description of Claim		t of Claim	
TOTAL TO BE PAID TO NONPRIORITY UNSECURED CREDITORS THROUGH THIS PLAN:				
The amount paid to any nonpriority unsecured creditor(s) is not less than that required under the Liquidation Analysis set forth in Exhibit 2.				
Total Nonpriority Unsecured Claims [A + B + C + D]: \$ 0.00				
Enter Fixed Amount (Pot Plan) or multiply total nonpriority unsecured claim(s) by Fixed Percentage and enter that amount: \$ 0.00				
F. <u>SEPARATELY CLASSIFIED UNSECURED CLAIMS (e.g., co-borrower):</u>				
Description of Claim	Amount of Claim	Treatment of Claim	Basis of Separate Classification	
	Part 5 need not be completed and aim(s) other than those set forth in n''): each creditor with an allowed a dividend of%. Creditor with an allowed claim shad of%. CLAIMS AFTER MODIFICATION IN	Part 5 need not be completed and may be deleted from the nim(s) other than those set forth in Part 5.F will be paid at n''): each creditor with an allowed claim shall receive a production of	Part 5 need not be completed and may be deleted from this Plan. sim(s) other than those set forth in Part 5.F will be paid as stated below. Only a sim(s) other than those set forth in Part 5.F will be paid as stated below. Only a sim(s) other than those set forth in Part 5.F will be paid as stated below. Only a sim(s) other than those set forth in Part 5.F will be paid as stated below. Only a state of \$	

Total of separately classified unsecured claim(s) to be paid through this Plan: \$0.00

PART 6:

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check one

[X] None. If "None" is checked, the rest of Part 6 need not be completed and may be deleted from this Plan.

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*denotes a required exhibit

Total number of Plan pages, including Exhibits: 7

**Denotes a required Exhibit if the box "Included" is checked in Part 1, Line 1.2.

PART 7: POSTCONFIRMATION VESTING OF PROPERTY OF THE ESTATE

If the Debtor(s) receives a discharge, property of the estate will vest in the Debtor(s) upon entry of the discharge. If the Debtor(s) does not receive a discharge, property of the estate will vest upon the earlier of (i) the filing of the Chapter 13 Standing Trustee's Final Report and Account and the closing of the case or (ii) dismissal of the case.

PART 8: NONSTANDAR	RD PLAN PROVISIONS
Check one. [X] None. If "None" is checked, the rest of Part 8 need not be completed	and may be deleted from this Plan.
PART 9: SIC	GNATURES
By signing this document, the Debtor(s) acknowledges reviewing and undidentified below.	erstanding the provisions of this Plan and the Exhibits filed as
By signing this document, the Debtor(s) and, if represented by an attorner of the provisions in this Plan are identical to those contained in Official Lo Nonstandard Plan Provisions in Part 8.	
/s/ Colleen M. Dunn	March 2, 2022
Debtor	Date
Debtor	Date
/s/ Thomas Benner	March 2 2022
Signature of attorney for Debtor(s) Print name: Thomas Benner BBO Number (if applicable): 655483 Firm name (if applicable): Benner & Weinkauf, P.C. 33 Samoset St	Date
Plymouth, MA 02360-4551	
Telephone: (508) 746-8030	
Email Address:tbenner@tbennerlaw.com	
The following Exhibits are filed with this plan:	
 [X] Exhibit 1: Calculation of Plan Payment* [X] Exhibit 2: Liquidation Analysis* [] Exhibit 3: Table for Lien Avoidance under 11 U.S.C. § 522(f)** [] Exhibit 4: [Proposed] Order Avoiding Lien Impairing Exemption** 	
List additional exhibits if applicable.	

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EXHIBIT 1

CALCULATION OF PLAN PAYMENT

n) Secured Claims (Part 3.A and Part 3.B. 1-3 Total):	\$ <u>730,947.58</u>
o) Priority claims (Part 4.A and Part 4.B Total):	\$ <u>0.00</u>
c) Administrative expenses (Part 4.C.1 and Part 4.C.2 Total):	\$ <u>0.00</u>
d) Nonpriority unsecured claims (Part 5.E Total):	\$ <u>0.00</u>
e) Separately classified unsecured claims (Part 5.F Total):	\$ <u>0.00</u>
) Executory contract/lease arrears claims (Part 6 Total):	\$
g) Total of (a) +(b) + (c) + (d) + (e) + (f):	\$ <u>730,947.58</u>
n) Divide (g) by .90 for total Cost of Plan including the Trustee's fee:	\$ <u>812,164.00</u>
) Divide (h), Cost of Plan, by term of Plan, <u>60</u> months:	\$
) Round up to the nearest dollar amount for Plan payment:	\$
f this is either an amended Plan and the Plan payment has changed, or if this is a only and the following:	postconfirmation amended Plan, complete (a) through (h)
c) Enter total amount of payments the Debtor(s) has paid to the Trustee:	\$ <u>27,218.00</u>
) Subtract line (k) from line (h) and enter amount here:	\$ <u>784,946.00</u>
n) Divide line (I) by the number of months remaining (months):	\$ <u>13,533.55</u>
n) Round up to the nearest dollar amount for amended Plan payment:	\$ <u>13,534.00</u>
Date the amended Plan payment shall begin:	March 2022

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EXHIBIT 2

LIQUIDATION ANALYSIS

A. REAL PROPERTY

Address	Value	Total Liens	Exemption Claimed
(Sch. A/B, Part 1)	(Sch. A/B, Part 1)	(Sch. D, Part 1)	(Sch. C)
2 Stephen Hopkins Rd, Harwich, MA 02645-1251	1,400,000.00	734,875.00	125,000.00
29 Nevin Rd, Weymouth, MA 02190-1610	925,000.00	360,075.00	0.00

Total Value of Real Property (Sch. A/B, line 55):

Total Net Equity for Real Property (Value Less Liens):

Less Total Exemptions for Real Property (Sch. C):

Amount Real Property Available in Chapter 7:

\$ 2,325,000.00

\$ 1,230,050.00

\$ 125,000.00

\$ 1,105,050.00

B. MOTOR VEHICLES

Make, Model and Year	Value	Amount of Liens	Exemption
(Sch. A/B, Part 2)	(Sch. A/B, Part 2)	(Sch. D, Part 1)	(Sch. C)
2003 Toyota Tundra 4WD	3,475.00	0.00	0.00
2006 Porsche Cayenne	5,600.00	0.00	5,600.00
2009 Range Rover	7,800.00	0.00	7,800.00

Total Value of Motor Vehicles:

Total Net Equity for Motor Vehicles (Value Less Liens):

Less Total Exemptions for Motor Vehicles (Sch. C):

Amount Motor Vehicle Available in Chapter 7:

\$ 16,875.00

\$ 16,875.00

\$ 3,400.00

\$ 3,475.00

C. ALL OTHER ASSETS (Sch. A/B Part 2, no. 4; Part 3 through Part 7. Itemize.)

Asset	Value	Liens	Exemption	
		(Sch. D, Part 1)	(Sch. C)	
Bank of America	17,250.00	0.00	5,000.00	
Bank of America	114.00	0.00	0.00	
Bank of America	289.00	0.00	0.00	
Cash	20.00	0.00	0.00	
Misc. Electronics	3,000.00	0.00	3,000.00	
Misc. Jewelry	5,000.00	0.00	1,325.00	
Ordinary and usual household contents	6,500.00	0.00	6,500.00	
Ordinary clothing	1,000.00	0.00	1,000.00	

Total Value of All Other Assets: \$33,173.00

Total Net Equity for All Other Assets (Value Less Liens): \$33,173.00

Less Total Exemptions for All Other Assets: \$16,825.00

Amount All Other Assets Available in Chapter 7: \$16,348.00

D. SUMMARY OF LIQUIDATION ANALYSIS

Amount available in Chapter 7	Amount	
A. Amount Real Property Available in Chapter 7 (Exhibit 2, A.)	\$ <u>1,105,050.00</u>	
B. Amount Motor Vehicles Available in Chapter 7 (Exhibit 2, B.)	\$ <u>3,475.00</u>	
C. Amount All Other Assets Available in Chapter 7 (Exhibit 2, C.)	\$ <u>16,348.00</u>	

TOTAL AVAILABLE IN CHAPTER 7:

\$1,124,873.00

E. <u>ADDITIONAL COMMENTS REGARDING LIQUIDATION ANALYSIS:</u>

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Fill	in this information to identify your case:			
Deb	otor 1 Colleen M. Dunn	С	heck if this is:	
		•	An amended filing	
	ouse, if filing)		A supplement show expenses as of the	ving postpetition chapter 13 following date:
	ted States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS DIVISION	s, BOSTON	MM / DD / YYYY	
	nown) 1:21-bk-11839			
	fficial Form 106J			
S	chedule J: Your Expenses			12/1
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this for known). Answer every question. 1: Describe Your Household			
1.	Is this a joint case?			
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?			
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	or Separate Householdof De	otor 2.	
2.	Do you have dependents? ■ No			
	Do not list Debtor 1 and Debtor 2. Sill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No □ Yes
				□ No
				☐ Yes
				□ No
				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes			
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a supple	u are using this form as a s	supplement in a Chap	ter 13 case to report
	penses as or a date after the bankruptcy is filed. If this is a supple plicable date.	mentai Johedale J, Check t	ne box at the top of t	ne ioini and ini ili ilie
val	lude expenses paid for with non-cash government assistance if y ue of such assistance and have included it on Schedule I: Your II ficial Form 1061.)		Your exp	enses
(Oil	nciai Forni 100i.)		100110/1	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage 4	. \$	4,672.00
	If not included in line 4:			
	4a. Real estate taxes	4a	. \$	0.00
	4b. Property, homeowner's, or renter's insurance		. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses		. \$	275.00
_	4d. Homeowner's association or condominium dues		. \$	0.00
5.	Additional mortgage payments for your residence, such as hom	e equity loans 5	. \$	0.00

btor	1 <u>Dunn, (</u>	Colleen M.	Case number (if known)	1:21-bk-11839
U	tilities:			
. U 6		y, heat, natural gas	6a. \$	465.00
6	b. Water, s	ewer, garbage collection	6b. \$	94.00
6	c. Telephoi	ne, cell phone, Internet, satellite, and cable services	6c. \$	175.00
6	d. Other. S	pecify:	6d. \$	0.00
F		sekeeping supplies	7. \$	800.00
		children's education costs	8. \$	0.00
		dry, and dry cleaning	9. \$	200.00
	_	products and services	10. \$	175.00
		ental expenses	11. \$	250.00
		n. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	230.00
		car payments.	12. \$	450.00
		c, clubs, recreation, newspapers, magazines, and books	13. \$	150.00
		ntributions and religious donations	14. \$	0.00
	surance.	•	·	0.00
		insurance deducted from your pay or included in lines 4 or 20).	
	5a. Life insu		15a. \$	406.00
1	5b. Health in	nsurance	15b. \$	0.00
1:	5c. Vehicle i	nsurance	15c. \$	636.00
		surance. Specify:	15d. \$	0.00
		include taxes deducted from your pay or included in lines 4 or 2		3.00
	pecify:	morado taxos doddotod from year pay of moradod in inico i of 2	16. \$	0.00
		lease payments:	470 ¢	0.00
	. ,	nents for Vehicle 1	17a. \$	0.00
	. ,	nents for Vehicle 2	17b. \$	0.00
	7c. Other. S	· · ·	17c. \$	0.00
	7d. Other. S	· ·	17d. \$	0.00
		s of alimony, maintenance, and support that you did not		0.00
		n your pay on line 5, Schedule I, Your Income (Official For ts you make to support others who do not live with you.	m 1061). 10. 4	0.00
	pecify:	is you make to support others who do not live with you.	19.	0.00
		perty expenses not included in lines 4 or 5 of this form or		
		es on other property	20a. \$	3,389.00
	0b. Real esta	,	20b. \$	0.00
		, homeowner's, or renter's insurance	20c. \$	
			·	0.00
		ance, repair, and upkeep expenses	20d. \$	200.00
_		ner's association or condominium dues	20e. \$	0.00
. 0	ther: Specify:		21. +\$	0.00
. С	alculate you	r monthly expenses		
2	2a. Add lines	4 through 21.	\$	12,337.00
2	2b. Copy line	22 (monthly expenses for Debtor 2), if any, from Official Forn	n 106J-2 \$	
2	2c. Add line 2	2a and 22b. The result is your monthly expenses.	\$	12,337.00
. С	alculate you	r monthly net income.		
		e 12 (your combined monthly income) from Schedule I.	23a. \$	25,871.00
		ur monthly expenses from line 22c above.	23b\$	12,337.00
_	256, 700	,, 333.0.		12,001.00
2		your monthly expenses from your monthly income.	23c. \$	13,534.00
	The resu	ılt is your monthly net income.	23c. [\$	13,334.00
F	or example, do	t an increase or decrease in your expenses within the year you expect to finish paying for your car loan within the year or do you e terms of your mortgage?		ease or decrease because of
	No.			
	- 140.			

Fill in	this information to identify yo	our case:				
Debtor 1	Colleen M. Dunn					
	First Name	Middle Name	Last Name		}	
Debtor 2 (Spouse if, fill	ling) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	DISTRICT OF MASSAC	CHUSETTS, BOSTON DI	VISION		
Case num	nber 1:21-bk-11839					
(if known)						Check if this is an amended filing
Official	Form 106Dec					
	aration About a	n Individual	Debtor's S	chedules		12/15
If two mari	ried people are filing together,	both are equally respon	sible for supplying corr	ect information.		
obtaining	file this form whenever you fil money or property by fraud in both. 18 U.S.C. §§ 152, 1341, 15	connection with a bank				
	Sign Below					
Did y	you pay or agree to pay some	one who is NOT an attorr	ney to help you fill out b	ankruptcy forms?		
•	No					
	Yes. Name of person				, ,	ition Preparer's Notice, ture (Official Form 119)
	r penalty of perjury, I declare they are true and correct.	that I have read the sumr	mary and schedules filed	d with this declaration	n and	,

Signature of Debtor 2

Date

X /s/ Colleen M. Dunn

Date March 2, 2022

Colleen M. DunnSignature of Debtor 1

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Fill in t	his information to identif	y your case:				
Debtor 1	Colleen M. Dunn	Colleen M. Dunn				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF MASSAC	CHUSETTS, BOSTON DIVISION			
Case number	1:21-bk-11839					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

	r original forms, you must fill out a new Summary and check the box at the top of this page. t 1: Summarize Your Assets		
. a.			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	2,325,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	50,048.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	2,375,048.00
Par	t 2: Summarize Your Liabilities		
			liabilities int you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,094,950.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	0.00
	Your total liabilities	\$	1,094,950.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	25,871.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	12,337.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her sched	dules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal, fa	amily, or household

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14.

\$_____46,972.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00